



Denise Juneau, Superintendent
Montana Office of Public Instruction
www.opi.mt.gov

Summer Food Service Program Daily Meal Count

Site Name										Meal Type (circle): B L SN SU										
Address										Telephone										
Supervisor's Name										Delivery Time					Date					
Meals received/prepared _____ + Meals available from previous day _____ = _____ (Total meals available) [1]																				
First Meals Served to Children (cross off number as each child receives a meal)																				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	
141	142	143	144	145	146	147	148	149	150	Total First Meals +										[2]
Second Meals Served to Children																				
1	2	3	4	5	6	7	8	9	10	Total Second Meals +										[3]
Meals Served to Program Adults																				
1	2	3	4	5	6	7	8	9	10	Total Program Adult Meals +										[4]
Meals Served to Non-program Adults																				
1	2	3	4	5	6	7	8	9	10	Total non-Program Adult Meals +										[5]
															Total Meals Served =					[6]
															Total damaged/incomplete/other non-reimbursable meals +					[7]
															Total leftover meals +					[8]
Total of items										[6]	+	[7]	+	[8]	=	[9]				
Item [9] should be equal to item [1]																				
Number of additional children requesting a meal after all available meals were served																				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15						
By signing below, I certify that the above information is true and accurate																				
Signature										Date										